Single Event Effects Symposium

Guest Registration Form
April 20-22, 2009

Attendee Name_____
             Last Name   *First Name*

Guest Name _____

2nd Guest Name_____

City_____ State_____

GUEST FEES (Check the appropriate days.)

Note: Fees include tax and gratuity.

Continental Breakfast: $15/each

   ___Mon.   ___Tues.   ___ Wed. $_____

Lunch: $35/each

   ___Mon.   ___Tues. $_____

Industrial Exhibit Reception, Mon. : $50 $_____

Happy Hour, Tues.: $20 $_____

TOTAL AMOUNT ATTACHED: $_____

PLEASE MAKE CHECKS PAYABLE TO: SEE Symposium

FOR ACCOUNTING USE ONLY:

*Date*_____   *Cash received*   *$_____*

*Staff*_____   *Change returned*   *$_____*

                         Check received   *$_____*

                         Check   *#_____*

Credit card approval code_____

CREDIT CARD PAYMENT

☐ American Express ☐ MasterCard ☐ Visa ☐ Discover

Card No._____

Expiration Date_____

Name on card_____

Cardholder
Signature_____

Billing address_____

_____

NOTE: STAMP Services, LLC, is the registration services company for SEE 2009. On your credit card statement, this name will appear rather than SEE Symposium.

Payment is by credit card (Visa, MasterCard, Discover, or American Express) or by check made payable to **SEE Symposium.** All payments along with this registration form (which can be sent with the attendee's registration form or separately) may be mailed, emailed, or FAXed:

STAMP Services, LLC
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Albuquerque, NM 87109-6309.
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FAX: (505) 823-0996
Phone: (505) 321-8499